



Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	17 March 2021
Agenda Item	10
Title	Workforce Planning Update
Summary	
<p>This report informs the Integration Joint Board of the Scottish Government guidance for updating Workforce Plans and outlines the local process to undertake the development of a one year interim workforce plan for 2021 - 2022.</p>	
Presented by	Candy Millard, Head of Adult Health and Social Care Localities
Action Required	
<p>The Integration Joint Board is asked to note and comment on the report.</p>	
Directions	Implications
<input type="checkbox"/> No Directions Required <input type="checkbox"/> Directions to East Renfrewshire Council (ERC) <input type="checkbox"/> Directions to NHS Greater Glasgow and Clyde (NHSGGC) <input type="checkbox"/> Directions to both ERC and NHSGGC	<input type="checkbox"/> Finance <input type="checkbox"/> Policy <input type="checkbox"/> Workforce <input type="checkbox"/> Equalities <input type="checkbox"/> Risk <input type="checkbox"/> Legal <input type="checkbox"/> Infrastructure <input type="checkbox"/> Fairer Scotland Duty

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EAST RENFREWSHIRE INTEGRATION JOINT BOARD

17 MARCH 2021

Report by Chief Officer

WORKFORCE PLANNING UPDATE

PURPOSE OF REPORT

1. The purpose of this report is to inform the Integration Joint Board of the Scottish Government guidance for updating Workforce Plans and outline the local process to undertake the development of a one year interim workforce plan for 2021-2022.

RECOMMENDATION

2. The Integration Joint Board is asked to note and comment on the report

BACKGROUND

3. The HSCP produced a workforce plan in 2016 as part of the suite of documents required to support the establishment of an integrated health and social care partnership.
4. In 2019 the HSCP commenced work to update the three year workforce plan pending on Scottish Government guidance. In 2020 this work was paused due to the Covid-19 pandemic.
5. In recognition of the pandemic the Scottish Government revised timescales for NHS Boards and Health and Social Care Partnerships to complete their plans. The revised date was originally 2021 but Scottish Government have subsequently advised that 3 year workforce plans should be submitted by 31st March 2022. This will bring the workforce plan in line with the timescales for our proposed new Strategic Plan 2022-2025.
6. The Scottish Government have indicated that an interim workforce plan should be submitted by the end of April 2021. They have issued an interim workforce template along with guidance to cover the 12 month period from April 2021 to March 2022. This report gives an overview of the guidance and local process to produce the interim plan.

REPORT

7. The purpose of the interim workforce planning guidance is to develop a cohesive picture of health and care workforce need across the HSCP geographic area. This should be inclusive of the independent sector, voluntary sector and GP contractors.
8. The template for completion has a number of important sections for consideration locally, with strong links to our local strategic planning priorities and approach.

9. Supporting staff wellbeing is one of our new strategic priorities for 2021-22. The workforce plan asks the HSCP to set out how we will provide ongoing support to promote both physical and psychological wellbeing over the coming year and to consider what measures we require to monitor and evaluate their impacts on staff wellbeing and staffing levels. The HSCP has a group that has been leading on this work chaired by the Head of Recovery and Intensive Services. It is the intention to widen the work and membership of this group and it will develop local plans to embed systems of wellbeing support for the longer term including lessons learned locally relating to staff wellbeing.

10. Our workforce planning is also asked to consider short, medium and longer transformational staffing and skills changes required. In the short term this includes clearly identifying areas of immediate workforce risk in key job families/ sub families and professional groups, considering:
 - Sustainable Vaccination Programme (COVID-19 and seasonal flu);
 - Supporting the safe provision of Adult Social Care;
 - Continuing Mutual Aid to Care Homes;
 - Maintaining Essential Services;
 - Support to remobilise primary care services;
 - Care at Home and Housing Support;
 - Mental Health Officer capacity;
 - Reablement and Disability Services.

11. In supporting the workforce through transformation, workforce planning is asked to consider a number of areas including:
 - Workforce implications of innovative approaches building on transformation of health and care delivery during the pandemic.
 - Workforce skills development that will be required to support new models of care/ service.
 - Examples of local initiatives that are being used to mitigate demand and ensure workforce supply.
 - Need for and development of new roles/extension of current duties such as advanced practice, assistant practitioner.

12. The HSCP proposes to take the following approach to meet the tight deadline.

March

 - Initial Meeting of workforce planning group
 - Workshops with partners to consider themes

April

 - Draft template shared with partners – early April
 - Final comments submitted and agreed – mid April
 - Submission to Scottish Government

May:

 - Update Integration Joint Board and Strategic Planning Group

CONSULTATION AND PARTNERSHIP WORKING

13. The template and guidance was shared with the Strategic Planning group on 26 February in order to agree engagement with partnership colleagues. A workforce planning group consisting of representatives from HSCP services, Primary Care, Independent/ Voluntary sectors and Trade Union colleagues will be established.

IMPLICATIONS OF THE PROPOSALS

Workforce

14. This report informs the Integration Joint Board of the requirement to develop an interim workforce plan and details some of the workforce areas to be consider in undertaking the planning work.

Equalities

15. The guidance asks that HSCPs ensure that all staff within the workforce are supported and protected equally. This includes setting out how we will collect good quality data on ethnicity as well as all other protected characteristics

DIRECTIONS

16. There are no directions required at this stage.

CONCLUSIONS

17. Scottish Government have issued guidance for updating Workforce Plans which outlines the local process to undertake the development of a one year interim workforce plan for 2021-2022. The plan should develop a cohesive picture of health and care workforce need across the HSCP geographic which is inclusive of the independent sector, voluntary sector and GP contractors.
18. Local work to develop the plan will be in line with our Strategic Planning priorities and carried out in partnership. The plan must be submitted to Scottish Government in April prior to the next Integration Joint Board meeting but will be shared with members of the IJB and Strategic Planning Group.

RECOMMENDATIONS

19. The Integration Joint Board is asked to note and comment on the report

REPORT AUTHOR AND PERSON TO CONTACT

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Guidance on Indicative Interim Workforce Plan 2021/22 Content

Note that this guidance is not intended to be prescriptive or exhaustive.

The content of this guidance should be viewed as ‘areas for consideration’ which provide illustrative examples to assist in completing the detail required for each section, these may be jointly applicable to NHS Boards and Health and Social Care Partnerships (HSCPs) or distinct to either, and should be applied as relevant.

NHS Boards and HSCPs will also wish to reflect any local labour market factors which will influence workforce demand and supply.

Section 1 – Background

This section should be used to provide a general, high level overview of the organisation, outlining the scope and coverage of the plan and indication of lead responsibility for the delivery of the Interim Workforce Plan

Organisations should outline the process of developing the workforce plan including a description of the consideration of workforce planning issues in the context of a wider system of planning and linking workforce to any relevant key performance indicators of targets.

Organisations may wish to describe the opportunities for, or work currently underway in the following areas:

- Cooperation between NHS and Local Authorities
- Mutual support across Territorial Board borders
- Regional working
- Working with COSLA/National NHS Boards

Section 2 – Stakeholder Engagement

NHS Board and HSCP workforce planning leads should continue to work with each other (including engagement with Trade Unions and colleagues from the Primary Care and Third and Independent Sector) to ensure that, collectively, the output from the interim workforce plan development process presents a cohesive picture of health and care workforce need across their geographic area.

It is not intended that the interim workforce plans contain specific detail on existing workforce numbers and projected need for primary care or independent social care settings.

Including representatives from primary care and third and independent sector partners as key stakeholders in the development of workforce plans, is seen as an opportunity to reduce some of the uncertainty experienced by providers in determining their own future workforce needs.

Interim Workforce Plans should describe the process of engagement with internal and external stakeholders including, but not limited to:

- Local Service Planning Leads
- Financial Planning Leads
- Trades Unions
- NHS/HSCP Workforce Planning Leads
- HR Leads
- Third and Independent Sector Representatives
- Primary Care Contractor Representatives

Organisations should outline how the needs of stakeholders have been included within the planning process and reflected in the completed workforce plan.

Section 3 - Supporting Staff Physical and Psychological Wellbeing

Supporting staff wellbeing must be seen as key to sustainability of the workforce during the current pandemic. The welfare of the workforce is a fundamental interdependency that cuts across remobilisation and workforce planning.

The Board Remobilisation Plans for 2021/22 will set out how organisations are providing on-going support to promote both physical and psychological wellbeing over the coming year noting areas such as:

- Local workforce wellbeing services;
- Health and Social Care national hub;
- NHS24 mental health support services.

Interim Workforce Plans may wish re-inforce this while providing additional details on the anticipated workforce implications such as:

- monitoring performance and evaluating impacts on staff wellbeing;
- projections of future staff retention and turnover;
- staff availability and absence levels
- the impact of staff annual leave deferred during the pandemic

Organisations should also look to consolidate and embed systems of wellbeing support for the longer term as a potential means of increasing staff availability and reducing turnover. This may include:

- Analysis of the primary causes of pre-COVID-19 staff sickness absences;
- Lessons learned locally relating to staff wellbeing, and potential opportunities to increase staff availability.

In order to ensure that all staff within the health workforce are supported and protected equally, workforce plans should also address how organisations intend to support the work of Scottish Government and Public Health Scotland to improve and embed processes that enable the collection of good quality data on ethnicity as well as all other protected characteristics.

Section 4 – Short Term Workforce Drivers (Living with COVID)

This section should focus on the immediate operational period (12 months) aligning with the content of Remobilisation Plans and describing the known impact on workforce requirements in areas such as:

- Maintaining and Extending Test & Protect Programme;
- Sustainable Vaccination Programme (COVID-19 and seasonal flu);
- COVID-19 Beds and Maintaining Surge Capacity Needs;
- Supporting the safe provision of Adult Social Care;
- Mutual Aid to Care Homes;
- Maintaining Essential Services;
- Extended role for Public Health Workforce;
- Support to remobilise dental, eye care and other primary care services;
- Care @ Home and Housing Support;
- Mental Health Officer capacity;
- Reablement and Disability Services;
- The Health and Care (Staffing) (Scotland) Act including the use of/outputs from existing Nursing and Midwifery Workforce and Workload Modelling Tools.

Organisations should clearly identify areas of immediate workforce risk in key job families/sub families and professional groups.

Where possible organisations should provide whole time equivalent details of anticipated workforce demand associated with specific drivers.

Section 5 – Medium Term Workforce Drivers

This section should be used to describe the workforce impact of any changes to staffing models required as a result of service changes/developments across the medium term (12-36 months).

These may include issues such as:

- Redesign of Services building on new ways of working (Post- COVID-19);
- Redesign of Urgent Care;
- Capacity/Productivity Issues: Social Distancing in Health and Care services;
- Clinical Prioritisation of Planned Care
- Care implications of “Long” COVID-19 on Rehabilitation Services;
- Resourcing Older Peoples’ Services;
- Increased role of Primary Care and Community Services;
- Development of Elective Centres;
- General Medical Services Contract;
- Post COVID-19 treatment backlog;
- Increased service demand due to population demographic factors;
- Independent Review of Adult Social Care;
- Fair Work Agenda;
- Further development of Safe Staffing and Workload Tools;
- The potential workforce impact of recent changes to pension schemes.

Organisations should include text reflecting Local Labour Market factors including:

- The impact of Remote and Rural issues;
- Potential Economic Impact of COVID-19 on labour supply in some job families.

Organisations should describe areas of anticipated workforce risk in key job families/sub families and professional groups and outline any known whole time equivalent requirements and likely timescales.

Section 6 – Supporting the workforce through transformational change

NHS Boards and IJBs will have described examples/opportunities to transform the delivery of health and care services during the pandemic and how best practice in these areas is being maintained and shared. Organisations should consider the potential workforce implications of any innovative approaches to care delivery e.g.

- Embedding and extending the role of Digital Health and Telecare;
- Opportunities to support Mutual Aid, Joint and Regional Working;
- Improving workforce data quality.

This section may be used to describe any areas of workforce skills development that will be required to support current or future models of care/ service.

Organisations should provide some narrative on those factors affecting workforce supply such as:

- Hard to Fill Posts;
- Skills Gaps in key areas.

Organisations may also wish to provide examples of local initiatives that are being used to mitigate demand and ensure workforce supply including:

- Local Recruitment;
- Use of National Staff Recruitment Portal;
- Use of Temporary Registrants via GMC, NMC, HCPC, GPhC;
- Use of Supplementary Staff Groups;
- Modern Apprenticeships;
- Supported placements;
- Kickstart Scheme;
- Work Experience.

Organisations should describe the need for and development of new posts or the introduction of new roles/extension of current duties such as:

- Advanced Practice roles;
- Physicians Associates;
- Assistant Practitioners;
- Any other examples of new roles.